

M150000038-10

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H170000526243ABC.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

2017 MAR -2 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -2 AM 10:14

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASRR SUZER 8955 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K. SALLY
MAR -3 2017

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANACT BUSINESS IN FLORIDA

FILED
2017 MAR -2 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ASRR SUZER 8955 LLC

2. The Florida document number of this limited liability company is: M15000003810

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 05/15/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ASRR 8955 LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Taylor Lolya

Signature of the authorized representative

Taylor Lolya

Typed or printed name of signer

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ASRR SUZER 8955 LLC", CHANGING ITS NAME FROM "ASRR SUZER 8955 LLC" TO "ASRR 8955 LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017, AT 12:13 O'CLOCK P.M.

FILED
 2017 MAR -2 AM 10:14
 SECRETARY OF STATE
 HALLMARKSSE, FLORIDA



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5736143 8100
 SR# 20171515791

Authentication: 202123515
 Date: 03-01-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

03/02/2017 15:30

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P.005/007

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TALLAHASSEE, FLORIDA

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:13 PM 03/23/2017
FILED 12:13 PM 02/23/2017
SR 20171175005 - FileNumber 5736143

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
ASRR SUZER 8955 LLC

FIRST: The name of Limited Liability Company is ASRR SUZER 8955 LLC (the "Company").

SECOND: The first article of Certificate of Formation of the Company relating to the name is hereby amended in its entirety as follows:

"FIRST: The name of this limited liability company is: ASRR 8955 LLC"

IN WITNESS WHEREOF, the undersigned has executed this Certificate on February 21, 2017.

/s/ Raeesa Ibrahim

Raeesa Ibrahim,
Authorized Person

03/02/2017 15:30
850-617-6381

3/1/2017 8:45:45 AM PAGE 1/001 (FAX)845 818 3588 Fax Server

P.002/007



March 1, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ASRR SUZER 8955 LLC
261 MADISON AVE, 27TH FLOOR
NEW YORK, NY 10016

SUBJECT: ASRR SUZER 8955 LLC
REF: M15000003810

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000052624
Letter Number: 917A00003881

03/02/2017 15:30

(FAX)845 818 3588

P.003/007



February 27, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ASRR SUZER 8955 LLC
261 MADISON AVE, 27TH FLOOR
NEW YORK, NY 10016

SUBJECT: ASRR SUZER 8955 LLC
REF: M15000003810

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Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000052624
Letter Number: 817A00003703